

Mr & Mrs J Dunn

Ocean Hill Lodge Residential Care Home

Inspection report

Ocean Hill Lodge Care Home
4-6, Trelawney Road
Newquay
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Date of inspection visit:
07 April 2021

Date of publication:
28 April 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ocean Hill Lodge is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 18 people. The service is based in a detached two-story property with a front patio garden that people can access.

People's experience of using this service and what we found

Staff and the registered manager had a good understanding of local safeguarding procedures. Appropriate guidance and advice had been sought from professionals in relation to a specific concern and appropriate measures taken to ensure people's safety.

Staff had been provided with guidance on the management of risks within the service and understood how to meet people's pressure area care needs. Accidents had been investigated to identify areas of improvement or learning and to prevent similar incidents from reoccurring.

The service's recruitment practices were safe and there were sufficient numbers of staff available to meet people's care needs. People told us, "If you need them, they come quickly, they are very quick" and a relative said, "The carers, they are amazing".

Staff were using PPE correctly and following current infection prevention and control guidance to help keep people safe. All staff had been provided with additional training in relation to the Covid-19 pandemic and arrangements made to enable relatives to safely visit.

The registered manager provided effective leadership. Staff told us they had been well supported and reported the registered manager had made significant improvements within the service.

The service's quality assurance systems were effective and action had been taken to address and resolve the breach of the regulations identified at our last inspection.

Feedback from people and their relatives about the service's performance was valued by the registered manager and any issues raised had been investigated and resolved. The duty of candour was understood by the registered manager and relatives told us the service communicated with them effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 17 July 2019) and there was a breach of the regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 02 July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to help ensure service users were protected from the risk of abuse and improper treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ocean Hill Lodge Residential Care Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our safe findings below.

Ocean Hill Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the safety and leadership of the service and provided a rating under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Ocean Hill Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was done to ensure the inspection could be completed safely during the covid-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke briefly with three people who used the service and had more extended conversations with three staff and the service's registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were requested.

After the inspection

We spoke with four people's relatives and received feedback on the services performance from two health and social care professionals. We reviewed the documents requested during the site visit and completed an analysis of the services rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to report potential safeguarding concerns to the local authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff and managers now fully understood their role and duties in ensuring people were protected from abuse or discrimination. They knew how to raise safety concerns outside the service if this became necessary. Staff were confident any issues they reported to the registered manager would be addressed and told us, "[People] are safe and looked after".
- People and their relatives were confident the service was safe. People said they were, "happy", "well looked after" and that, "The staff are lovely, really nice".
- Where the registered manager had identified possible safeguarding issues, these had been appropriately discussed with relevant professionals. Guidance provided had been acted upon to ensure people's safety.

Assessing risk, safety monitoring and management

- At our last inspection we found risks in relation to skin integrity had not been appropriately managed. Some people had been identified as being at risk of developing pressure sores. Staff had not been given guidance on when they should be repositioned and reposition charts had not been fully completed.
- At this inspection we found appropriate systems were in place to manage risks to people's skin integrity and that pressure relieving equipment was being used effectively. Although at the time of the inspection, no one required regular repositioning to manage skin integrity risks, staff understood how to provide this support. Systems had been reviewed and staff knew how to record the care they had provided to manage risk to people's skin integrity.
- Assessments of risks in relation to the environment, people's care needs and medical conditions had been completed. Guidance on the management of risks had been provided to staff and they understood the actions they must take to protect people and themselves from these risks.
- One person's support needs had significantly reduced as a result of changes in their behaviour. Their risk assessments did not accurately reflect the care and support currently provided. This issue was raised with the registered manager and immediately resolved.
- Firefighting and lifting equipment had been regularly checked and serviced by appropriately skilled contractors. Personal emergency evacuation plans (PEEPs) were available and the registered manager was in the process of reviewing fire safety arrangements with support from appropriate professionals.

Staffing and recruitment

- The service's recruitment practices were safe. All necessary pre employment checks were completed to ensure prospective staff were suitable for employment in the care sector. The registered manager told us, "New staff do not start until full DBS results are returned".
- People said there were enough staff available to meet their needs and that staff came quickly when asked. Their comments included, "There are enough staff" and "If you need them they come quickly, they are very quick".
- People's relatives also felt there were sufficient numbers of staff available to respond to people's needs and were complimentary of the care they provided. Relatives told us, "[My relative] seems well, I want my [relative] to be happy and they do her nails and do make time for her. I am quite happy that she is being looked after" and "The carers, they are amazing."
- We reviewed the service's rotas for the month prior to our inspection and found that planned staffing levels were normally achieved. Staff said, "There are enough staff", "Staffing levels are ok, we have a couple of new girls ready to start" and "The staffing levels we have are fine".
- Professionals were also complementary of the staff team and told us, "The staff are kind and friendly , they know people really well and there is minimal staff turnover, which I see as a real positive, they do seem well organised".

Using medicines safely

- Medicines were managed safely in the service. Medicines administration records were fully completed and there were appropriate protocols in place detailing when required medications should be given.
- Medicines that required stricter controls were stored securely and their use appropriately documented.
- The service had acted on the recommendation made in our last report and topical creams were now dated when opened.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems in place to ensure all accidents or incidents that occurred were documented and investigated. This enabled any pattern or trends and any learning to be identified to help reduce the likelihood of similar events reoccurring. Where changes in people's behaviour, support needs or specific risks were identified, guidance had been sought from health professionals on how to support people and manage these specific issues.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The established staff team knew people well and had a good understanding of their likes and preferences. There was a strong person-centred culture in the service with a clear focus on people's wellbeing. People told us, "This is a nice home we all get on" and relatives said, "The important things are the staff and the care, it does not look phenomenal, but they really do care".
- Relatives were complementary of how the service had coped during the Covid-19 pandemic. They told us, "I think they have done their absolute best, they have been brilliant", "Obviously it has been very, very good" and "[The manager] had to tell me [my relative] had Covid. It was a difficult call to make and receive. [The manager] was supporting me as well as [my relative]. They always made time for me, as all the staff do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us the registered manager was supportive and provided effective leadership. Their comments included, "The manager worked through it with us and was there for support or advice. [They] could get guidance from outside if we needed it", "I think the manager is doing great, we all support [them] and [they] support us" and "The new manager has definitely made a difference."
- The registered manager was assisted by a full-time clinical lead, whose time was split evenly between providing care and supporting the registered manager. The roles and responsibilities of the registered manager and clinical lead were well defined and understood by the staff team.
- The providers were regularly in contact with the registered manager and available to give support as required. Staff told us, "The owner pops in, not as often as they would like because of Covid, the other owner does the shopping and maintenance so we see them near enough every day."
- The service's quality assurance systems were appropriate and regular audits had been completed to monitor performance. Action had been taken to address any issue identified and the breaches of regulations identified during our previous inspection had been resolved.
- Professionals were complimentary of the service's leadership and the quality of care provided. They told us, "The management are very helpful, approachable and knowledgeable of the residents and are able to let you know what is going on" and "This is definitely one of the better care homes I visit".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed the service communicated effectively with people's relative's and shared updates and

information following any accident or incident that occurred. Relatives told us, "Communication is very good" and "They ring me up and give me updates and have kept in touch during lockdown". During the pandemic people had been supported to maintain links with their relatives and friends.

- The registered manager and staff team took an open, honest and collaborative approach to the inspection process. The responded positively to feedback provided during the site visit and took immediate action to address and resolve issues identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was valued and acted upon. Residents meetings were held when possible and individual feedback on the service's performance was sought regularly. Where people raised issues, these were investigated and resolved. A Covid-19 newsletter had been developed in response to people's requests for more information. This document provided people with clear information about current guidance, procedures within the service and national restrictions.

- A formal survey had been recently completed to gather feedback on the service's performance. Responses from people and relatives had been constantly complimentary and their comments included, "I feel cared for" and "Thank you for everything you do and are doing for the residents".

Continuous learning and improving care

- Staff recognised significant improvements had been made to the service's facilities and told us, "Since the manager has been here it has got better, things have been improved, the décor is better, we have had new furniture, new store cupboards and visitor arrangements, new bedding and the kitchen has been updated".

- The registered manager told us further improvements were planned. Works were due to begin on the day after our site visit on a new extension to provide additional space to enable safe, indoor visiting. In addition, plans were in place to update another of the service's bathrooms and replace carpets in communal areas.

- Action plans had been developed in response to audit findings and the registered manager and care co-ordinator were working together to drive further improvements in the service's performance.

Working in partnership with others

- The service worked effectively in partnership with health professionals and records demonstrated prompt and appropriate referrals had been made to enable people to access health services. Relatives told us, "They do all the GP stuff and keep me informed of any changes [in my relative's needs]."